Department of the Army
Pamphlet 600–63–8

The Army Health Promotion Program

FIT TO WIN—SUBSTANCE ABUSE PREVENTION

Headquarters
Department of the Army
Washington, DC
1 September 1987

UNCLASSIFIED

SUMMARY of CHANGE

DA PAM 600–63–8
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Not applicable.

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FIT TO WIN—SUBSTANCE ABUSE PREVENTION

By Order of the Secretary of the Army:

CARL E. VUONO
General, United States Army
Chief of Staff

Official:

R. L. DILWORTH
Brigadier General, United States Army
The Adjutant General

History. This publication has been organized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. Not Applicable.

Applicability. This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/ Nurse Practitioner.

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I. Purpose

Alcohol and other drug abuse prevention education is required as a part of the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP). This model is intended to provide general guidance regarding prevention and awareness education at the installation level. The model should be modified to meet the local community needs.

The Army's alcohol and drug abuse prevention education program is described in detail in AR 600-85 (Alcohol and Drug Abuse Prevention and Control Program). It is not the intent of this module to replace or supplement that regulation. All questions with respect to needs assessment, evaluation, resources, and interventions should be referred to AR 600-85 or to your local Alcohol and Drug Control Officer (ADCO).

II. Applicability

This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

III. Background

A fit Army is an Army free from the effects of alcohol and drug abuse. The ADAPCP requires commanders at all levels to have prevention and intervention programs. Although drug abuse has decreased in recent years, continued active prevention efforts are imperative. Much emphasis has been placed on de-glamorizing alcohol, and disassociating its use as a prerequisite for entertainment or celebrations of any kind. A fit Army cannot afford to have its soldiers, family members, and civilian personnel who support the Army's mission under the influence of illegal drugs or abusing alcohol. Active screening and prevention measures, timely intervention, rehabilitation, and education programs are minimizing the problems in today's Army.

IV. Goals

- Reduce the abuse of alcohol and the availability and abuse of other drugs within the military community.
- Ensure that the adverse consequences of alcohol and other drug abuse within the military community are publicized.
- Promote coordinated community or installation involvement in activities which stress prevention and control of alcohol and other drug abuse.
- Provide alternatives to the use of alcohol and other drugs at social events.
- Encourage cooperation between military and adjacent civilian communities for the prevention and control of alcohol and other drug abuse.
- Emphasize the incompatibility of alcohol and other drug abuse with physical and mental fitness.

V. Responsibilities

The responsibilities for education and training in substance abuse are given in paragraph 2-12 AR 600-85 (Alcohol and Drug Abuse Prevention and Control Program).

VI. Module Elements

a. Assessment Soldiers whose health is at risk because of substance abuse must be identified by commanders. Identification is accomplished through a variety of methods. They are as follows:

- Voluntary (self) identification.
- Command identification.
- Biochemical identification.
- Medical identification.
- Investigation/apprehension.

b. Education

(1) Alcohol and other drug abuse prevention education is the responsibility of the Education Coordinator (EDCO). The Prevention Education Program is the portion of the ADAPCP which is part of the Army Health Promotion Program.

(2) Service members will receive prevention education within 60 days after each PCS and will emphasize the legal consequences of abuse under both the UCMJ and local laws. Emphasis will be on the availability of an ADAPCP at

the installation to include location, referral procedures, and types of treatment available. Emphasis will also be on alternatives to abuse at the local installation and in neighboring communities. Model may be adapted for other categories of personnel who are required to receive prevention education by paragraph 2-12 f(4), AR 600-85.

(3) A lesson plan for unit level in briefing on the Army Alcohol and Drug Abuse prevention and control program (ADAPCP) has been included in this module on page 5, Annex A.

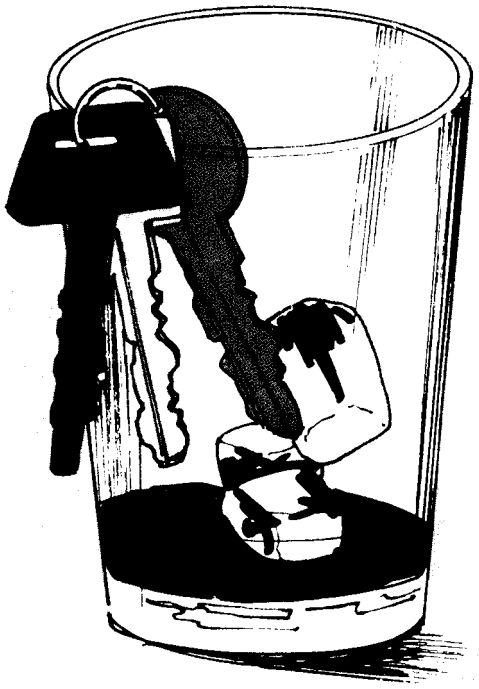

Figure A.

c. Intervention The commander will refer all individuals who are suspected or identified as drug and/or alcohol abusers, including those identified through urinalysis and blood alcohol tests to the ADAPCP.

d. Evaluation In order to assess the effectiveness of the substance abuse Health Promotion/Prevention Education Program, indicators of the incidence of alcohol and other drug abuse must be evaluated. At a minimum commanders should evaluate:

- Post DWI/DUI reports.
- Apprehensions for alcohol and other drug offenses.
- Administrative separations (Chapters 9, 13, and 14) for alcohol and other drug abuse problems.
- Local Article 15 summaries.
- Accident data with emphasis on those accidents which alcohol or other drug abuse was known or suspected as a contributing factor.

In order to evaluate the above information, the local commander would need at a minimum:

- Army and MACOM rates for each item of information.
- The local rate for each item of information.
- An established range or cut off point for each item of information that would indicate less than satisfactory performance when compared to the rest of the Army or to the MACOM.

Table 1
Figure 1: Suggested Elements for Level 1-2-3 Fit to Win Programs

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Commander's Guide	Introductory chapter Strategies for program management and resources	Same as Level 1	Same as Level 1
Marketing	Unit briefings Post media Community needs assessment Posters, slides, videotapes Incentives: —Personal recognition certificates —Awards Evaluation Strategies	Level 1 plus: Guest speakers Promotional items	Level 2 plus: Public relations campaigns Support groups Intramural competitions
Individual Assessment	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
Physical Conditioning*	Community/unit based programs to include aerobic and strength development classes AR 350-15 Guidance National Fitness Month	Level 1 plus: Individualized prescription based on fitness evaluation	Same as Level 2
Nutrition and Weight Control	Pamphlets/posters brochures Media blitz for dining hall: menus National Nutrition Month AR 600-9 Guidance	Level 1 plus: Group classes Videotapes Slides/Cassette tapes	Level 2 plus: Nutritional Assessment Individualized diet plans Computerized nutritional analysis Cooking classes
Antitobacco	Pamphlets/brochures Media blitz advice for smokers and non-smokers National Smokeout AR 1-8 Guidance	Level 1 plus: Group cessation programs Videotapes Radio/TV spots	Level 2 plus: Computerized cessation program Support group
Stress Management	Pamphlets/brochures Posters Welcome Packets with resources within the community Sponsorship Program associated with PCSs	Level 1 plus: Group classes Videotapes Radio/TV spots Commanders session's Unit training Community Skill/Activity Classes	Level 2 plus: Individual treatment programs conducted at Medical Treatment Facility
Hypertension Management	Pamphlets/brochures Unit level Monitoring National High Blood Pressure Month (May) Periodic B.P. checks/follow-ups	Level 1 plus: Group classes Videotapes TV, radio spots	Level 2 plus: Individual counseling
Substance Abuse Prevention	Pamphlets/brochures Posters Group meetings and classes AR 600-85 Guidance	Level 1 plus: Videotapes	Level 2 plus: Individual counseling Support groups
Spiritual Fitness	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165-20	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
Dental Health	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classification Monitoring	Classes Videotapes Radio/TV spots Skills Classes	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term Follow-Up

Table 1
Figure 1: Suggested Elements for Level 1-2-3 Fit to Win Programs—Continued

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Procedures Guide	Pamphlets/Brochures/Posters Command Briefings (at least monthly) Incentive/Sustainment Program	Unit Training Schedules which reflect health promotion education classes in all areas needed	Unit Days for: Health Rish Assessment Family Health Promotion Activities

Notes:

* The exercise elements are the most likely to result in untoward events; therefore, cardiovascular screening must be required for all individuals 40 years of age and older and for anyone with a history of cardiovascular disease. A disclaimer is required.

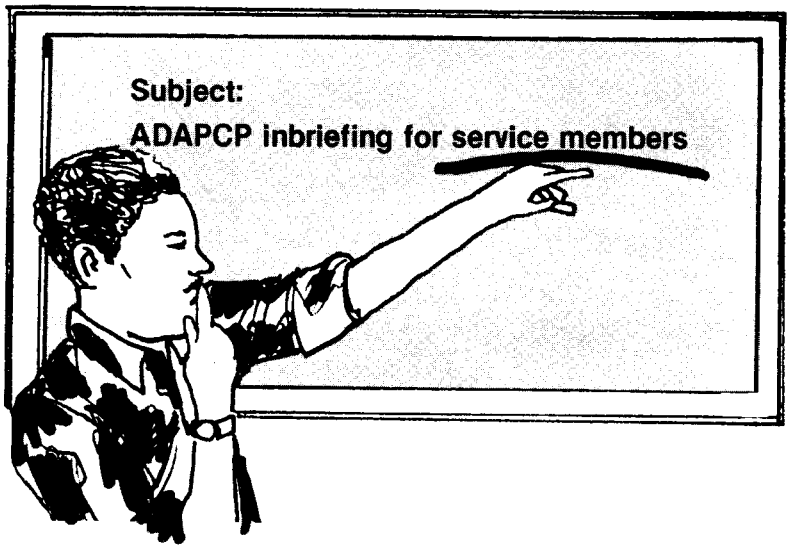

Figure B.

Appendix A
Annex A—Prevention Education—Unit Level Inbriefing on ADAPCP

1. Title

Lesson Plan For Unit Level Inbriefing on the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).

2. Subject

ADAPCP inbriefing for Service Members.

3. Objectives

a. To provide information on the ADAPCP.

b. To state DA and local policies on substance abuse.

c. To articulate consequences of substance abuse to include legal, administrative, medical, etc.

d. To provide information on the local ADAPCP and biochemical testing program.

e. To state local agencies and activities that provide alternatives to substance abuse behavior.

4. Materials

a. AR 600-85 (Alcohol and Drug Abuse Prevention and Control Program), 3 Nov 86.

b. AR 635-200 and AR 635-100 (Enlisted and Officer Separations).

c. Local policy letters.

5. Sequence of Activities

a. Introduction Instructor should introduce self and explain the purpose of the class. An overview of the materials should follow.

b. Policies DA and local policies should be covered in regard to substance abuse and related issues.

c. DA Policy

(1) Any soldier involved with trafficking, distribution and selling drugs will be considered for disciplinary action under the UCMJ and/or for separation for misconduct.

(2) Soldiers identified as illegal drug abusers may be considered for disciplinary action under the UCMJ in addition to separation actions.

(3) Officers, Warrant Officer's and senior enlisted (E5-E9) who are identified as drug abusers will be processed for separation from the service. These individuals have violated the special trust and confidence the Army has placed in them.

(4) Soldiers who have been identified in two separate instances since 1 July 1983 as drug abusers will be processed for separation from the service.

(5) Individuals diagnosed as physically drug dependent (other than alcohol), will not generally possess the potential for future service and will be processed for separation. These individuals will be detoxified, given medical treatment, and afforded the opportunity for rehabilitative treatment through the Veterans Administration, or a civilian program.

(6) Soldiers identified as nondependent drug abusers, who in the opinion of their commander warrant retention, should be enrolled in the ADAPCP when enrollment is recommended by the ADAPCP.

(7) The limited use policy that restricts the consequences of the service member's (SM) involvement in the ADAPCP is described in Chapter 6, Section II of AR 600-85. The provisions of the limited use policy are unchanged by the mandatory separation processing of drug abusers, and such separation processing must comply with its provisions.

(8) The Commander will determine soldiers to be illegal drug abusers based upon the evidence provided by biochemical testing, law enforcement apprehension, command investigation or other reliable sources.

(9) A urine test of all personnel assigned to aviation, PRP, MP and medical positions will be coordinated as part of an inspection under Military Rules of Evidence 313 a minimum of once a year. Testing can be conducted on an individual basis.

(10) Military Personnel on duty shall not have a blood alcohol level of .05% or above. Percent shall be based on milligrams of alcohol per 100 milliliters of blood (.05% is equivalent to 50 milligrams of alcohol per 100 milliliters of blood).

(11) A general officer letter of reprimand will be issued and a 1 year suspension of driving privileges will be enforced for a DWI or lesser included alcohol driving offense.

d. Local Policy Local civilian, military installation, and unit policies should be covered by the facilitator.

HOW MUCH CAN YOU DRINK AND DRIVE SAFELY?

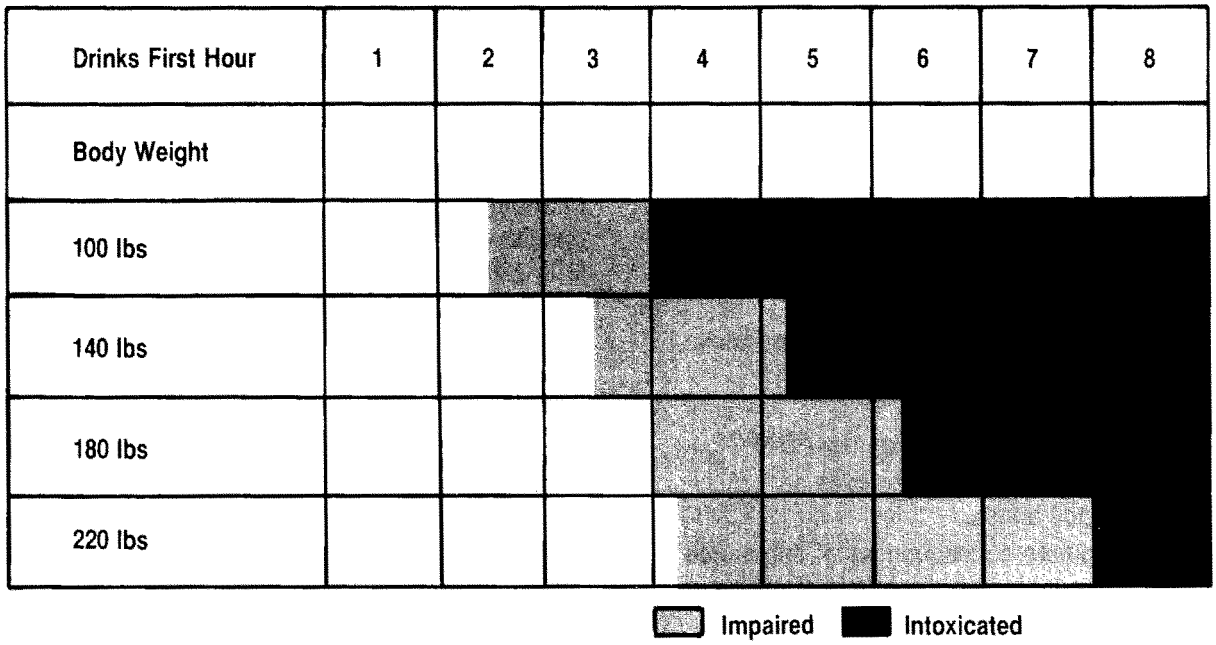

Figure C.

e. Procedures The consequences of substance abuse should be stated, to include DA and locally imposed consequences as well as medical, social, and spiritual consequences of substance abuse, as appropriate. The separation actions found in AR 600-85 are outlined in the paragraphs below.

(1) Commissioned officers and warrant officers determined to be illegal drug abusers will be processed for separation IAW Chap 5, AR 635-100.

(2) Senior enlisted soldiers (E5-E9) identified as illegal drug abusers will be processed for separation IAW Chap 14, AR 635-200 or Chapter 13, AR 635-200, as appropriate. The decision as to which chapter to use should be based upon the individual SM record, performance, and circumstances surrounding abuse.

(3) Soldiers initially retained, who are identified as second time drug abusers will be processed for separation IAW Chap 14, AR 635-200 or Chap 5, AR 635-100.

(4) Soldiers diagnosed as being physiologically drug dependent by a physician will be detoxified and processed for separation IAW Chap 14, AR 635-200 or Chap 5, AR 635-100. These individuals will be referred to the Veterans Administration:

Within 30 days of separation.

When requested by the SM in writing.

(5) Soldiers enrolled in a rehabilitation program who, in the opinion of the rehabilitation team, do not possess potential based upon meeting rehabilitation objectives, may be processed for separation IAW Chap 9, AR 635-200 or Chap 5, AR 635-100.

(6) The Biochemical Identification Program briefing should include information on the local urinalysis testing program, to include use of portable test kits if appropriate. Use of breathalyzers and Blood Alcohol Content (BAC) testing should also be covered.

(7) The local ADAPCP and its procedures, policies, and goals must be explained, including the information to follow.

f. ADAPCP Goals:

- Refer for treatment service members who desire to be rehabilitated and who demonstrate the potential for retention.
- Identify and consider for separation service members who do not desire to be rehabilitated or do not show potential for retention.

g. ADAPCP Procedures When individuals are identified, voluntarily or involuntarily, as possible alcohol or other drug abusers, it is the responsibility of the unit commander or a designated representative to carry out the following procedures.

- Using DA Form 3881 (Rights Warning Procedures/Waiver Certificate) advise them of their rights under Article 31 UCMJ.
- Explain the provisions of the limited use policy.
- Interview them and inform them of the evidence.
- Give them the opportunity to provide additional evidence, including information on drug source, if they desire. (However, such disclosure is voluntary and will not be made a requirement for treatment or rehabilitation).
- Collect any illegal drug or drug paraphernalia that the service member voluntarily relinquishes and turn them over to the local provost marshal according to AR 190-22.

Figure D.

h. ADAPCP Policy All individuals with urine positives will be referred to the ADAPCP for initial screening. If, after the initial ADAPCP screening, a commander believes that a member does not have the desire to be rehabilitated or, based on the member's overall record, does not have the potential for future service, the service member will be considered for separation.

i. Medical Evaluation The commander, supervisor, clinical director, counselor, or the service member may request a medical evaluation by a physician at any time to determine the extent of alcohol or other drug abuse by a service member. A medical evaluation is not required in all cases, but is always required in instances of a positive urinalysis for personnel not enrolled in the ADAPCP unless the positive is for THC alone. A medical evaluation is also required in cases of suspected alcohol or other drug dependency, and prior to entry in the residential treatment program.

j. Rehabilitation Team The rehabilitation team will convene as soon as possible after the ADAPCP initial screening is completed. The team will, at a minimum, be composed of the client, his commander or the commander's designee, and the ADAPCP counselor. Other appropriate members of the team may be the ADAPCP clinical director, a

physician, chaplain, social worker, psychologist, appropriate family members, the client's immediate supervisor, and other community human services personnel. Following the initial screening process (to include medical evaluation, if required) the ADAPCP counselor will recommend to the commander appropriate disposition of the referral during the first meeting of the rehabilitation team. One of the following or a combination of the following will be recommended:

- Unit counseling by the commander or the commander's designated representative
- Other action (e.g. referral to another agency).
- No ADAPCP services required at the present time.
- Enrollment in an awareness education program, out patient rehabilitation or inpatient rehabilitation. Enrollment in an awareness education program will not exceed 30 days.

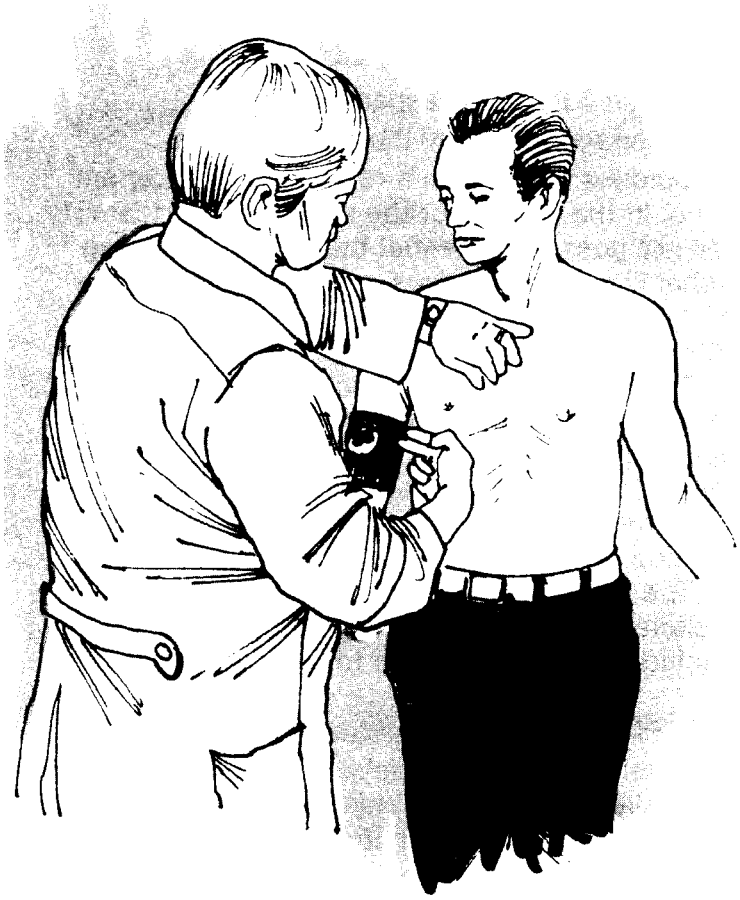

Figure E.

k. Out Patient Rehabilitation Intensive Individual or group counseling (may include awareness education). Enrollment in this track can be up to 360 days.

l. Inpatient Rehabilitation Inpatient Rehabilitation is residential medical treatment with nonresidential follow-up. Enrollment in this program is limited to those clients who have been evaluated by a physician as requiring residential treatment. Generally, residential care will be reserved for those individuals with long standing problems of abuse, but for whom prognosis for recovery is favorable with proper treatment. Enrollment in this program is for 360 days. Note:

For civilian employees and other clients, see Chapter 5 of AR 600-85 for identification, referral and screening procedures.

(1) A commander can initiate appropriate administrative and/or UCMJ actions at anytime during the ADAPCP process. This includes processing a service member for discharge under the provisions of Chapter 9, AR 635-200.

(2) The class facilitator needs to be prepared to address the local alternatives to substance abuse. These can include off-duty sports, educational, cultural, religious, or spiritual pursuits as well as information on the various agencies that sponsor them.

m. Class Summary The facilitator should summarize the class and answer any questions.

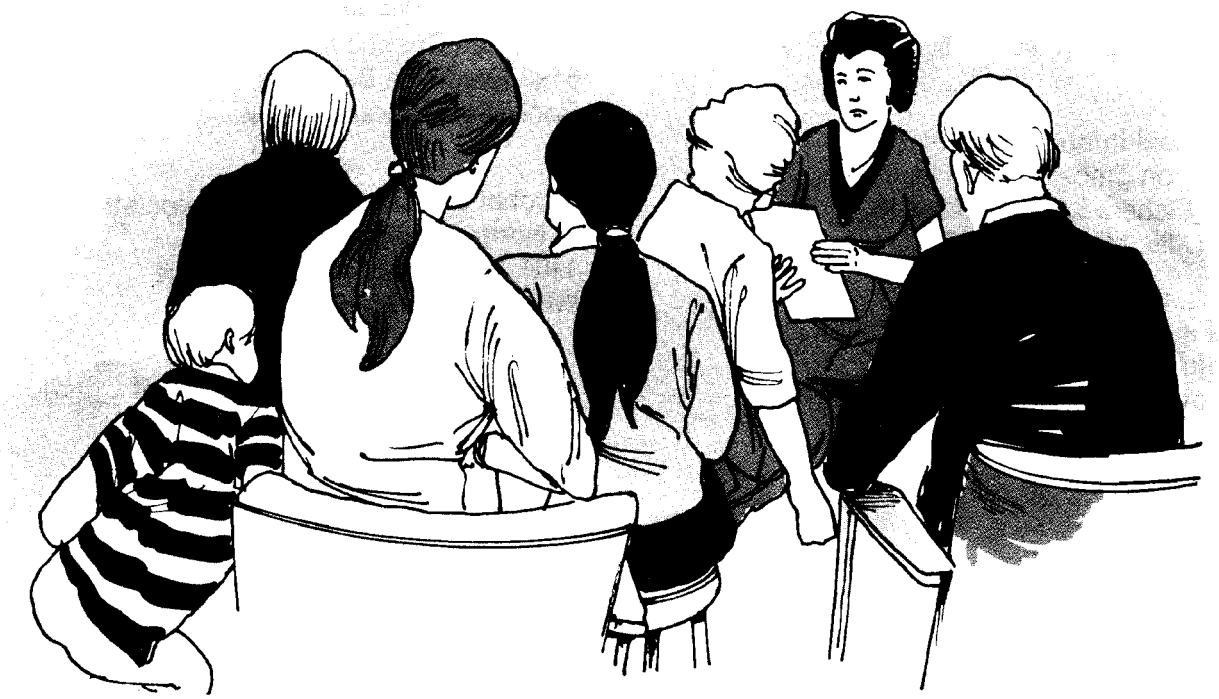

Figure F.

Appendix B
Annex B—Sources for Alcohol and Drug Abuse Information

1. Federal Agencies

Government Printing Office
Consumer Information Center
Pueblo, Colorado 81009

National Clearinghouse for Drug Abuse Information (NIDA)
5600 Fishers Lane, Room 10-A-56
Rockville, Maryland 20857

National Clearinghouse for Alcohol Information (NIAAA)
Box 2345
Rockville, Maryland 20850

Technical Information Center
Office on Smoking and Health

5600 Fishers Lane, Room 1-16
Rockville, Maryland 20857

National Clearinghouse for Mental Health Information
National Institute of Mental Health
5600 Fishers Lane, Room 11A-33
Rockville, Maryland 20857

2. Self-Help Groups for Spouses, Children and Relatives of Alcoholics

Al-Anon Family Group Headquarters
P.O. Box 182
Madison Square Station (ask for local chapter)
New York, New York 10010

Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York, New York 10163

3. Organizations and Programs

American Council for Drug Education
6193 Executive Boulevard
Rockville, Maryland 20852

Alcohol and Drug Problem Association of North America, Inc. (ADPA)
1101 15th Street, N.W., Suite 204
Washington, D.C. 20005

Addiction Research Foundation of Ontario
33 Russell Street
Toronto, Canada M5S2S1

Families in Action
Drug Information Center
3845 N. Druid Hills Rd., Suite 300
Decatur, Georgia 30033

National Council on Alcoholism (NCA)
733 Third Avenue
New York, New York 10017

National Federation of Parents for Drug Free Youth
1820 Franwall Ave., Suite 16
Silver Spring, Maryland 20902
(301) 649-7100

Students Against Driving Drunk (SADD)
Corbin Plaza
Marlboro, MA 01752
(617) 481-3568

Hazelden Foundation (Catalog available)
Box 176
Center City, MN 55012
(800) 328-9288

CompCare (catalog available)
2415 Annapolis Lane
Minneapolis, MN 55441
(800) 328-3330

The US Journal, Inc. (Newspaper devoted to Alcohol and Drug Abuse)
2119-A Hollywood Blvd.
Hollywood, Florida 33020

The Johnson Institute (Treatment, training, literature)
Department 821
10700 Olson Memorial Highway
Minneapolis, Minnesota

Mothers Against Drunk Drivers (MADD)
National Headquarters
669 Airport Freeway, Suite 310
Hurst, Texas 76053
(817) 268-6233

Parents Resources In Drug Education (PRIDE)
Robert W. Woodruff Bldg.
Volunteer Service Center
Suite, 1216, 100 Edgewood Ave.
Atlanta, Georgia 30303
(404) 658-2548

National Association on Drug Abuse Problems
355 Lexington Ave.
New York, New York 10017
(212) 986-1170

4. State and Territorial Agencies

ALABAMA
Division of Alcoholism and Drug Abuse
Department of Mental Health
502 Washington Avenue
Montgomery, Alabama 36104

ALASKA
Dept. of Health & Social Services
Office of Alcoholism and Drug Abuse
Pounch H-05-F
231 South Franklin
Juneau, AK 99811

ARIZONA
Drug Abuse Section
Dept. of Health Services
Bureau of Community Services
2500 East Van Buren
Phoenix, AZ 85008
(602) 255-1238

ARKANSAS
Arkansas Office on Alcohol and Drug Abuse Prevention
1515 W 7th Avenue, Suite 300
Little Rock, AR 72202
(501) 371-2604

CALIFORNIA
Dept. of Alcohol and Drug Programs
111 Capitol Mall
Suite 450
Sacramento, CA 95814

(916) 445-1940

COLORADO
Alcohol and Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver, CO 80220
(303) 320-6137

CONNECTICUT
Conn. Alcohol and Drug Abuse Council
90 Washington Street, Room 312
Hartford, CT 06115
(203) 566-4145

DELAWARE
Bureau of Alcoholism and Drug Abuse
Division of Mental Health
1901 North Dupont Highway
Newcaste, DE 19720
(302) 421-6101

DISTRICT OF COLUMBIA
D.C. Dept. of Human Resources
Mental Health, Alcohol and Addiction Services Branch
421 8th Street, NW
2nd Floor
Washington, DC 20004
(202) 724-5637

FLORIDA
Drug Abuse Program
Mental Health Program Office
1317 Winewood Boulevard
Tallahassee, FL 32301
(904) 487-1842

GEORGIA
Alcohol and Drug Abuse Section
Div. of Mental Health & Mental Ret'n
Mental Retardation
GA Dept. of Human Resources
618 Ponce De Leon Avenue, N.E.
Atlanta, GA 30308
(404) 894-4785

HAWAII
Department of Health
State Substance Abuse Agency
Alcohol and Drug Abuse Branch
1270 Queen Emma Street, Room 505
Honolulu, HI 96813

IDAHO
Bureau of Substance Abuse
Department of Health & Welfare
450 West State Street, 4th Floor
Boise, ID 83720
(208) 334-4368

ILLINOIS

Illinois Dangerous Drugs Commission
300 North State Street
Suite 1500
Chicago, IL 60606
(312) 822-9860

INDIANA
Division of Addiction Services
Department of Mental Health
5 Indiana Square
Indianapolis, IN 46204
(317) 232-7818

IOWA
Department of Substance Abuse
Insurance Exchange Bldg., Suite 202
505 5th Avenue
Des Moines, IA 50319
(515) 281-3641

KANSAS
Alcoholism and Drug Abuse Section
Dept. of Social Rehabilitation Service
2700 West Sixth Street
Biddle Building
Topeka, KS 66606
(913) 296-3925

KENTUCKY
Mental Health/Mental Retardation Sect
Department of Human Resources
275 East Main Street
Frankfort, KY 40621
(502) 564-2880

LOUISIANA
Off. of Mental Health & Substance Abuse
Dept. of Health & Human Resources
655 North 5th Street
Baton Rouge, LA 70829
(504) 342-2590

MAINE
Office of Alcoholism and Drug Abuse Prevention
Department of Human Services
32 Winthrop Street
Augusta, ME 04330
(207) 389-2781

MARYLAND
Maryland Drug Abuse Administration
201 West Preston Street
Baltimore, MD 21201
(301) 383-3959

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